



# Blue Ribbon Commission on Health Care Access and Costs 0706

## *SCMS Project Access*

Samuel Selinger MD

Founder SCMS Project Access

Board Member, Prescription Drug Assistance Foundation

John Driscoll

Executive Director SCMS Project Access



# *Project Access is*

- Physician-led community partnership
- Coordinated charity care system
- Full continuum of medical care
- For the low-income uninsured who are not eligible for other forms of health insurance



# BCMS Project Access

1998

## Innovations in American Government (Harvard University Award)

These initiatives adapt the innovations approach to local concerns and priorities and share a strong allegiance to the core idea that government can be improved through the identification and dissemination of examples of effective solutions to public-sector problems.



*Premise: Coordinated care can provide better health at lower cost than uncoordinated care*

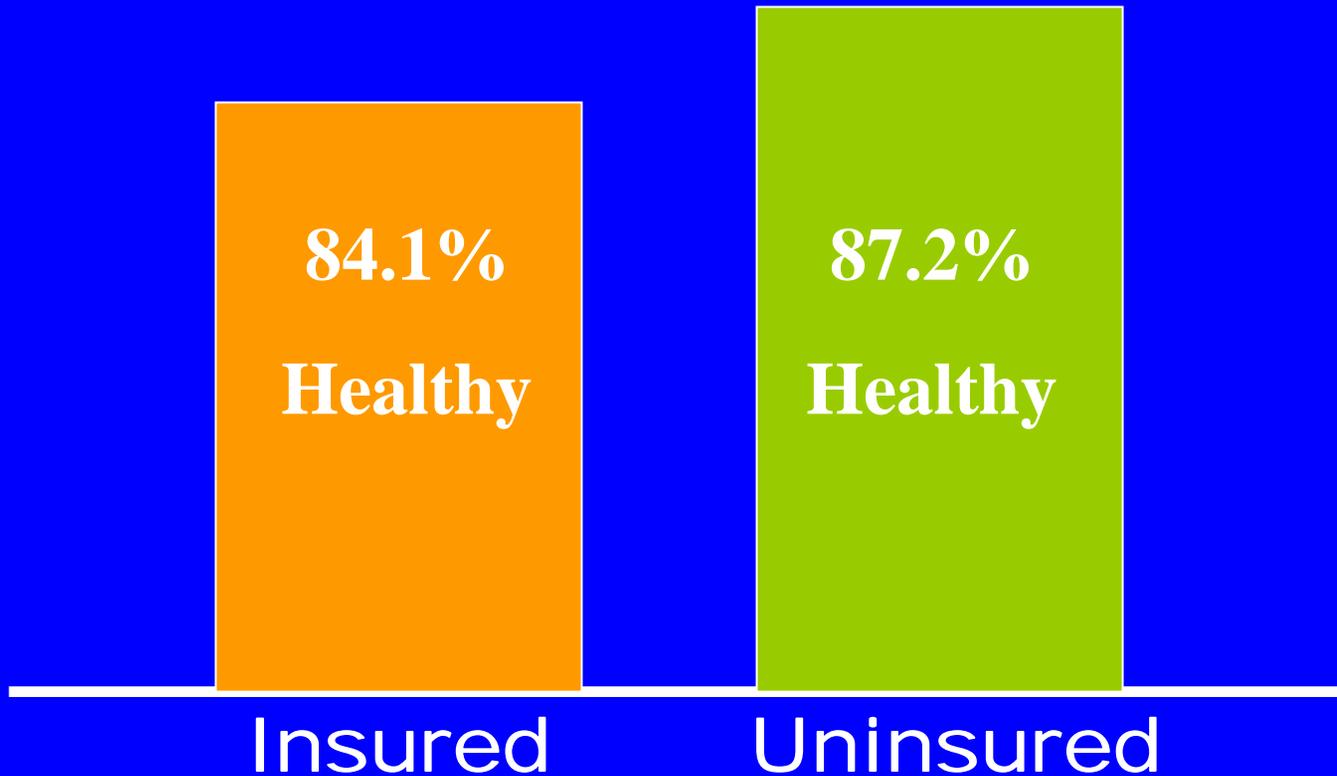
- Increase % of patients with a regular source of care
- Earlier access to specialists
- Decreased hospital acuity (less sick)
- Less wasted time for patients, doctors and nurses



# Improved Health of Uninsured in Buncombe County

5 yrs after low income uninsured treated by Project Access

## % of People Who Experience “Good” or “Excellent” Physical Health



Source: 2000 PRC Community Health Survey, Professional Research Consultants



# Project Access

The typical member enrolls or is referred to obtain access to specialty care. Project Access provides community clinics and primary care providers with a full medical network

Volunteer care has to be connected with:

- Primary care (medical home)
- Specialists
- Pharmaceuticals, durables
- Lab & x-rays
- Inpatient, outpatient hospital care
- Social Services

*Connections have to be seamless, efficient, and timely*



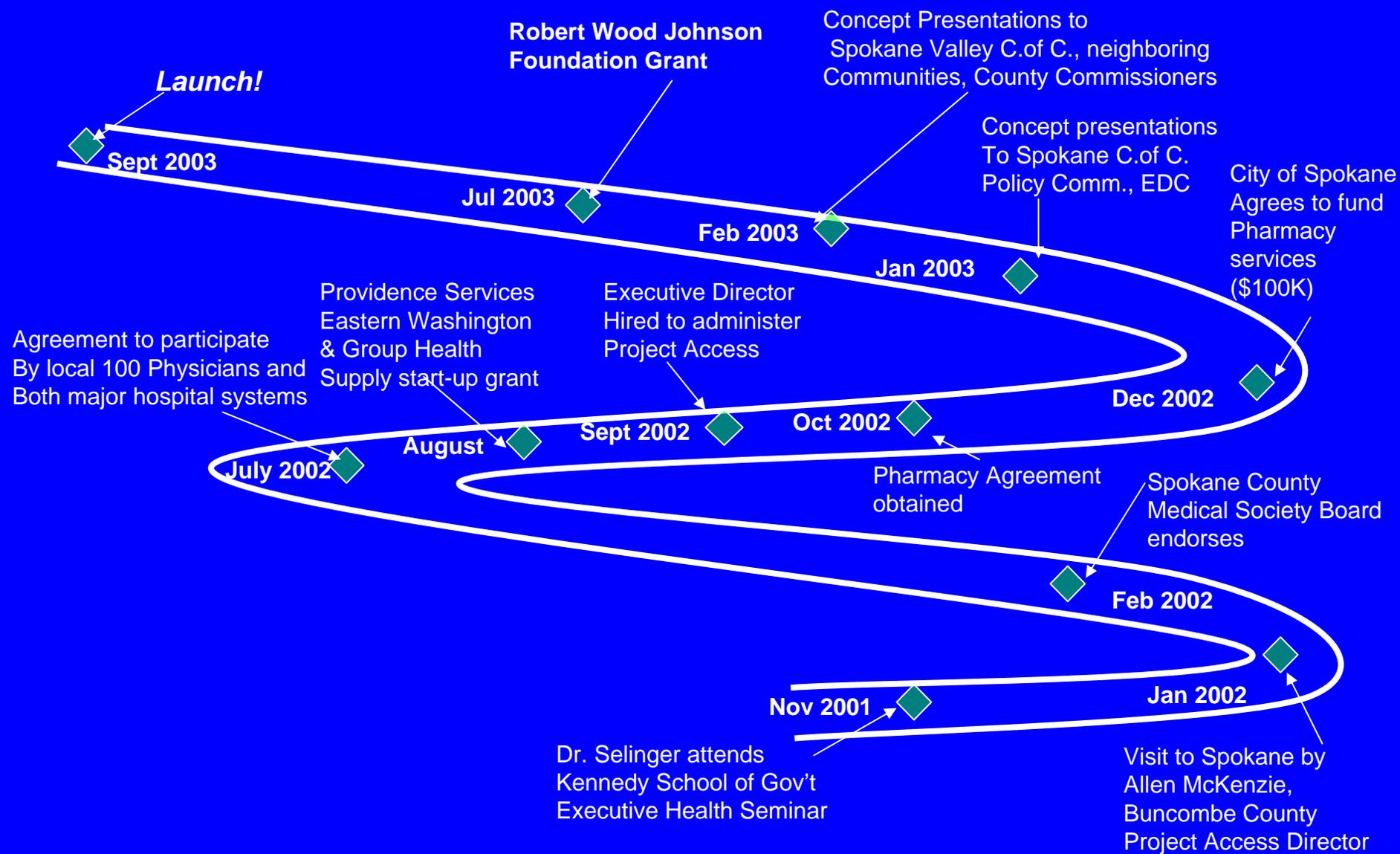
# Project Access – the flexible model

- Project Access is a coordinator of health care
- Each partner gives and receives
  - Community clinics qualify patients and refer to specialty network
  - Hospital give free care but expect reduction in emergency services
- Each person or entity focuses on doing what it does best
  - Community clinics provide primary care
  - Specialists provide care in normal setting
- Government is used only when we cannot do it individually or through other organizations
- Every partner needs to feel ownership and be celebrated



# SCMS Project Access

## Building the community coalition



# SCMS Project Access

## Program Update – Municipal Participation

### Funding Status

### Pharmaceuticals for 2004 - 2006

- **Spokane County**

#### Cities:

- **Spokane**
- **Spokane Valley**
- **Liberty Lake**
- **Medical Lake**
- **Airway Heights**
- **Cheney**
- **Deer Park**
- **Millwood**



**Project Access is the charity network of physicians and hospitals providing the full range of healthcare to the low income uninsured in Spokane County**

## **Program Update**

- **700 physicians & 6 hospitals participate**
- **Project Access returned \$9.75 per \$1 invested**
- **\$5,500,000 charity care (MD & Hospital) Oct 03 – Sept 05**
- **Patients required on average 4.5 different providers**
  
- All the community clinics now refer patients needing specialists or hospital care to Project Access. Most care was previously difficult to obtain or coordinate:
  - Complex Diagnostic (including GI scope)
  - Surgeries (hip replacement, redo congenital heart surgery in 20 yr old)
  - Complex Medical (oncologist and new chemotherapy costing ~ \$15,000 for 6 weeks)





# Project Access Replication WA State

1. Spokane County Project Access Sept 2003 (first in NW)
2. Thurston County Project Access May 2005
3. King County Project Access pilot 2 years, first community and hospital Sept 2006
4. Whatcom County Medical Society & Whatcom Alliance for Healthcare Access developing Project Access
5. Clark County exploring Project Access with developing Portland Project Access like entities
6. Benton Franklin exploring Project Access



# Powerful Multiplier Effects of Project Access

**Increased Community  
Clinic Capacity**

Complex  
Problems  
Treated

*Project Access  
Core Objectives*

- More Primary Care
- More Specialist Care
- Earlier Treatment
- Government, Hospital, Physician-partnered

More  
Medical  
“Homes”

Less Acute  
Hospitalizations

**Less  
Economic  
Loss for  
Hospital**

Community  
Collaboration

**Platform for  
Education & Advocacy**

**Less  
Unnecessary  
Emergency  
Department  
Use**

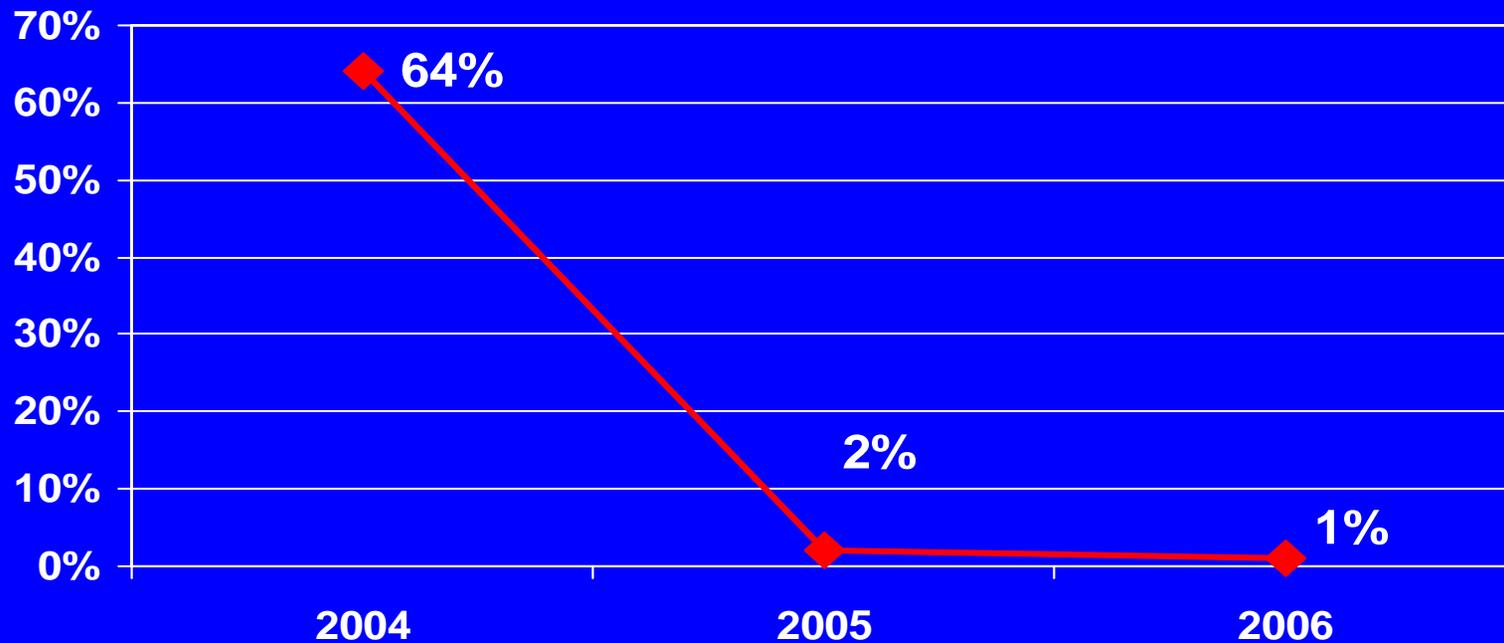


What are some of the best examples of the Project Access multiplier increasing capacity, improving health care and reducing cost across the country?



# Less Unnecessary Emergency Department Use Indianapolis, In

Non-Urgent ER Visits AFTER Enrolling in Project Health

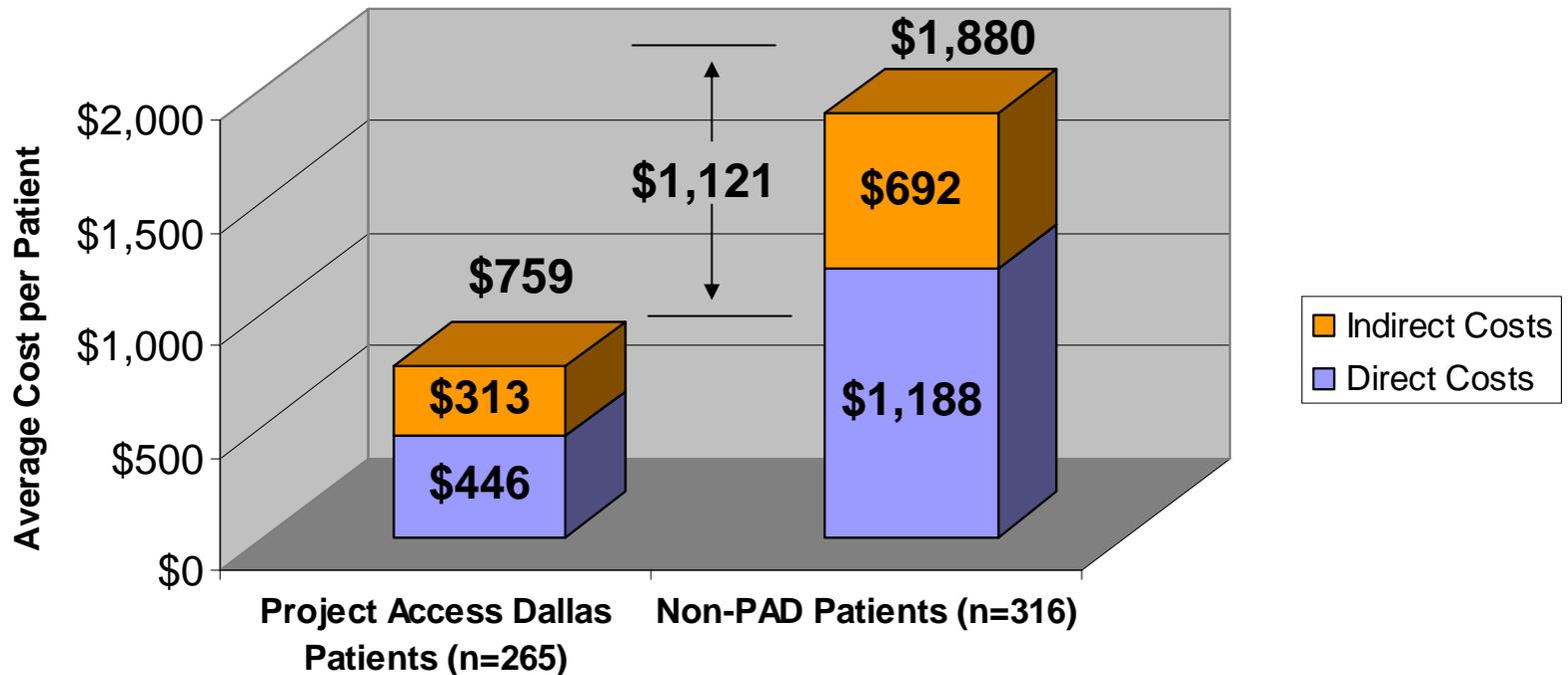




# Less Hospital Economic Loss

## Dallas, TX: CDC Emergency Department Study

**CDC Emergency Department Study  
Project Access Dallas - Cost Analysis**





## **Increased Community Clinic Capacity Asheville, N.C.**

- **Community Clinic 6,000 pts 5.2 visits/yr  
=> 10,000 pts 2.7 visits/yr**



Platform for education & advocacy

## New coordinated community activity

- Asheville
  - City wide primary care depression screening
- Wichita
  - Dental Project Access added



## Platform for education & advocacy

# New coordinated state activity

- N.C. Medicaid
  - Placed Ombudsman in Medical Society
    - Increased Medicaid participating physicians from 55% to more than 80% in three years
- N.C. “Carolina Access” >700,000 people
  - Project Access “Best Practice” protocols adopted by state



# New coordinated state activity

## N.C. Business and Economic Development

### BCMS Project Access

- Absenteeism from work is down 13%
- Productivity is up 25%
- State funded State Association of Project Access
  - Sustain better organized charity care
  - Develop and link Project Access throughout state



# WA state legislation

## SCMS Project Access as member of Communities Connect

- SB6459 2006 Community Healthcare Collaborative Grant
- SB5558 2005 Prescription Drug Assistance Foundation
  - The foundation shall assist qualified uninsured individuals (>300% federal poverty level) in obtaining prescription drugs at little or no cost
  - Leverage the Patient Assistance Programs offered by each pharmaceutical company
  - Model Health Kentucky 15 year history
    - 40,000 people/ yr served
    - \$10 – 11 Million in free brand name pharmaceuticals distributed annually (budget \$250,000) 40:1 return!



## Continuing Advocacy

### Recommendations to the Blue Ribbon Commission

- Funding
  - Renew support of SB6459 to leverage the community
  - Provide new tool for sustainable local community support
    - Local option property tax district (community medical services district) for safety net
      - No cost to state
      - Each community would vote for district and then 60% required for tax funding
- Create state wide association of Project Access like entities. (also Ombudsman, best practices possible)
- Facilitate electronic medical records for safety net
- Support Prescription Drug Assistance Foundation